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ATTORNEY WITH  
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/761,893
Filing Date	01-17-2001
First Named Inventor	Shih-Chieh Hung
Art Unit	1636
Examiner Name	GARVEY, TARAL
Attorney Docket Number	11709-003001

**I hereby revoke all previous powers of attorney given in the above-identified application.** A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number: **OR**

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Wai-Hee Lo		
Date	04/26/06	Telephone	t886-2-28757396

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 2 forms are submitted.

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<input checked="" type="checkbox"/> Firm or Individual Name	Shih-Chieh Hung		
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**SIGNATURE of Applicant or Assignee of Record**

Signature	<u>Shih-Chieh Hung</u>		
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